HEALTH ASSESSMENT

Please complete this form. All Information is CONFIDENTIAL and will help identify the services you need.

SEX: ❒ MALE ❒ FEMALE ❒ TRANSGENDER: ❒ FTM ❒ MTF **AGE:** _____

DO YOU WANT AN HIV TEST TODAY? ❒ Yes ❒ No ❒ Not Sure IF YES, please complete Client Assessment Questionnaire on separate page (in addition to this form).
HAVE YOU HAD AN HIV TEST IN THE PAST? ❒ Yes ❒ No If yes, when was the last test?_____

1. **What is the reason for your visit? (check all that apply)**
   - ❒ ***NO SYMPTOMS - want a check up and/or test***
   - ❒ ***Have symptoms (please check which ones)***
     - ❑ rashes ❑ pain in the testicles or scrotum ❑ burning sensation when you urinate
     - ❑ itching ❑ abdominal pain ❑ sore throat
     - ❑ rectal pain ❑ fever ❑ mouth sore
     - ❑ painful diarrhea ❑ discharge ❑ genital sore (the vagina or penis)
     - ❑ sore around the anus ❑ change in your menstrual cycle (**female only**)
   - ❒ ***Told to come in by:***
     - ❑ sex partner ❑ primary doctor/nurse ❑ CDI (health dept advisor) ❑ other
   - ❒ ***Have questions only:***
   - ❒ ***Others***:_____

2. Has someone recently told you that you may have been exposed to an STD? ❒ Yes ❒ No
   If yes, when?_____ (which STD's?)
   - ❑ Chlamydia ❑ Herpes ❑ Genital warts ❑ Trichomonas
   - ❑ Gonorrhea ❑ Hepatitis ❑ Molluscum ❑ Syphilis
   - ❑ HIV ❑ Scabies ❑ Crabs ❑ other_____
   - ❑ not sure what type of STD

3. Have you had sex in the last 3 months? ❒ Yes ❒ No
4. My sex partners are: ❒ Men ❒ Women ❒ Both ❒ Transgender
5. How many people have you had sex with:
   In the last 3 months? _____
   In the last year? _____
6. Mark all that apply: I engage in ❒ vaginal sex ❒ anal sex ❒ oral sex
7. When you have sex, do you use a condom?
   ❑ Always ❑ Most of the time ❑ Sometimes ❑ Rarely ❑ Never
8. Are you using a birth control method? ❒ Yes ❒ No If yes, check all that apply:
   - ❑ condoms ❑ birth control pills ❑ vaginal ring ❑ IUD ❑ depo-provera (shot)
   - ❑ tubal ligation ❑ hysterectomy ❑ vasectomy ❑ other

Patient sticker here

❒ **Rosecrans** ❒ **Central Region**
❒ **North Coastal** ❒ **South Region**

TURN OVER
(complete other side)

HEALTH ASSESSMENT

9. Have you ever paid for sex, or traded sex for money or drugs? ❒ Yes ❒ No
10. Have you received drugs, money or other items/services for sex in the last year? ❒ Yes ❒ No
11. During the last five years, have you had any type of STD? ❒ Yes ❒ No If yes, check all that apply
    - ❑ Syphilis (bad blood) ❑ Sex Warts ❑ Women – infection in your tubes/womb (PID)
    - ❑ Gonorrhea (clap) ❑ Herpes ❑ Men – burning or drip from penis (not gonorrhea or chlamydia)
    - ❑ Chlamydia ❑ HIV ❑ Trichomonas ("trick") ❑ other _____
12. What is your country of origin (where were you born)? _____
13. Did you have a blood transfusion before 1992? ❒ Yes ❒ No
14. Have you ever injected drugs? ❒ Yes ❒ No
    If yes, did you ever shared needles or works (cotton, syringes, spoon, etc)? ❒ Yes ❒ No
15. In the last year, have you used any of the following drugs? (Check all that apply)
    - ❑ Crystal/ Meth ❑ Cocaine ❑ Crack ❑ Heroin ❑ Poppers ❑ PCP
    - ❑ Special K (ketamine) ❑ Ecstacy ❑ GHB ❑ Other _____
16. Have any of your sex partner(s) ever injected drugs? ❒ Yes ❒ No
17. Have you ever been tested for **Hepatitis C**? ❒ Yes ❒ No
    If YES, what was your test result? ❑ Positive ❑ Negative ❑ Indeterminate ❑ Not Sure
18. Have you had sex with someone who has **Hepatitis B** or **C**? ❒ Yes ❒ No ❒ Not Sure
19. Have you ever been told you had been infected with **Hepatitis B**? ❑ Yes ❑ No ❑ Not Sure
20. Have you ever been in jail or prison? ❒ Yes ❒ No
    If yes, have you received tattoos or were involved in mutual combat/fighting while incarcerated? ❑ Yes ❑ No
21. Have you ever been told that you have been infected with **Hepatitis A**?
    ❑ Yes ❑ No ❑ Not Sure
22. Have you ever had the **Hepatitis B** vaccine series (3 shots)?
    ❑ Yes ❑ Yes, but not all ❑ No ❑ Not Sure
23. Have you ever had the **Hepatitis A** vaccine series (2 shots)?
    ❑ Yes ❑ Yes, but not all ❑ No ❑ Not Sure

SPECIAL NOTE ABOUT HEPATITIS: Hepatitis B is a common sexually transmitted disease. Men who have sex with men are more prone to contracting Hepatitis A. Both of these infections can be prevented by vaccination (see fact sheet for Hepatitis A or B). If your medical provider feels you would benefit from a hepatitis vaccine, would you like to get one today?

- ❑ Yes
- ❑ Not sure, will check records
- ❑ No, I've already been vaccinated for both
- ❑ No, I think I had the infection before
- ❑ No, I don't like shots
- ❑ No, other reason(s)_____

Combination A/B Vaccine Given: ❑ Yes ❑ No Given by:_____

Hepatitis B Vaccine Given: ❑ Yes ❑ No Given by:_____

Hepatitis A Vaccine Given: ❑ Yes ❑ No Given by:_____

Circle all	**SEROLOGY**		**IMM.**	
that apply:	**HBV**	**HCV**	**A**	**B**
All non-immune				x
≥ 3				x
MSM	x		x	x
CSW	x	x		x
Transfusion		x		x
IDU	x	x	x	x
SP-IDU	x	x	x	x
SP-HEP	x	x		x
Chronic HBV+			x	
HCV+	x		x	x
None of above				

INITIAL AFTER REVIEWING FORM: Counselor initials: _____ Clinician/Nurse initials: _____